



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

CO/CC OR TCO/TCC APPLICATION

It has been determined by the Building Official that a Certificate of Occupancy will be required. In order to expedite that requirement, please complete and return to us the required documents signed sealed and notarized if applicable together with a signed sealed copy of your final survey and Elevation Certificate.

This office must receive these documents five (5) business days prior to the time the Certificate of Occupancy/Certificate of Completion is required. All required inspections will then be scheduled within this five (5) business day's period.

If your project includes any deadlines, which must be met, this office should be contacted at least five (5) business days prior to that date so that we can address any problems that may impact the completion of the job.

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO INSURE THAT ALL APPLICABLE CONTRACTORS ARE PREPARED FOR THEIR FINAL INSPECTIONS.

Your consideration will insure a minimum of delays in this issuance of your Certificate of Occupancy.

NOTE: A Certificate of Occupancy cannot be issued if the structure does not match the approved plans on file in this office and all permit cards and inspection history must be submitted with this package, do not leave any blank spaces.

Instructions for Preparing a TCO/TCC Request

A TCO/TCC is requested when the majority of the construction is completed and only minor issues remain. The job must comply with all American with Disabilities Act (ADA) and life safety requirements. A written request must be submitted to the attention of the Building Official, Shellie K. Ransom, LEED® AP. The letter must be typed on a General Contractor Company's letterhead and it must bear the signature of the qualifier. Requests will not be considered without the following information:

1. Include the permit number and job address.
2. State the reason for the request. Applicant must show a hardship.
3. Identify the specific area(s) included for the request, if the job is being completed in phases.
4. State the issues that are pending for final CO/CC approval.
5. State the number of days that you would need for the request.
6. Include a contact name and telephone number.
7. Include the following sentence: "We hereby hold harmless and release the Building Services Division and Miami-Dade Fire Department from any liability that may arise during the use of designated areas in the aforementioned facility while under the limitation of the Temporary Certificate of Occupancy or Temporary Certificate of Completion."
8. Include the following sentence: "We hereby certify that all means of egress shall be kept clear and accessible and that all life safety systems will be maintained and operable at all times while the building is being occupied."

Requests may be made in person, by fax (305) 622-8557, or via email to tharper@miamigardens-fl.gov. If submitting via email, the letter must be scanned in order to show the qualifier's signature. Requests will not be accepted without the qualifier's signature.

Once reviewed, we will call the contact person and inform that person of the results. If approved, we will advise you of the fee and schedule the necessary inspections. It is the responsibility of the contractor to request TCO/TCC inspection(s) from the Fire Department if a fire final has not been obtained. A copy of the approved final fire inspection from the Miami-Dade Fire Department must be at the jobsite at the time of inspection. If you have any further questions, please feel free to contact Tarsha Harper at 305-622-8000 ext. 2661.

Building Official for the City of Miami Gardens



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

UNIFORM MUNICIPAL CO/CC OR TCO/TCC INSPECTION REPORTING FORM

Master Permit No. _____ Miami-Dade County
 from Municipality: _____ Municipal Permit No. (MBLD): _____

Job Address: _____ Unit: _____ Project Name: _____

Qualifier's Name: _____ Qualifier's Phone: _____

Owner's Name: _____ Owner's Phone: _____

This Uniform Municipal TCO/TCC Inspection Reporting Form is used to gather trade approvals for Temporary Certificate of Occupancy (TCO) or Completion (TCC). Once validated by the Municipal Building Department personnel, the form must be present at the job site for the field inspectors. When all approvals have been obtained, take the signed form back to the Municipal Building Department for TCO/TCC issuance.

1 Form Validated by _____ Date: _____
 Bldg Dept Personnel: Print Name Signature

All "Required" TCO/TCC inspections indicated below must be signed "Approved" before certificate issuance.

| Req'd. | Trade | Inspector's Name | Approval Signature | Date | Comments |
|--------------------------|--------------|------------------|--------------------|------|----------|
| <input type="checkbox"/> | Building | | | | |
| <input type="checkbox"/> | Electrical | | | | |
| <input type="checkbox"/> | Fire | | | | |
| <input type="checkbox"/> | Mechanical | | | | |
| <input type="checkbox"/> | Plumbing | | | | |
| <input type="checkbox"/> | Public Works | | | | |
| <input type="checkbox"/> | Zoning | | | | |
| <input type="checkbox"/> | Other | | | | |

Important Note: The TCO/TCC is not valid and building and/or space may not be occupied unless signed by the Building Official. Occupying the building and/or space without obtaining a TCO/TCC issued by the Municipal Building Department is prohibited and is in violation of the Florida Building Code Section 110.3.

Building Official's Approval: _____ Date: _____

3 ☐ 1st TCO/TCC ☐ Extension TCC/TCO Duration: _____

Conditions of TCO/TCC:

- If Master Permit expires, the TCO/TCC will automatically be revoked and the space must be vacated.
- A TCO/TCC may be revoked if any action by the contractor, owner or tenant creates any code violation affecting the proper occupancy of the area.
- Any TCO/TCC that expires without renewal or has been revoked can result in a notice of violation, civil violation and/or disconnection of utility services.
- Other conditions: _____



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

WE REQUIRE THE FOLLOWING INFORMATION TO DETERMINE CERTIFICATE OF OCCUPANCY

1. OWNER/TENANT/LESSEE: _____
2. APPLICANT NAME: _____
3. CONTACT TEL NO.: _____
4. PERMIT NO.: _____
5. PREVIOUS USE: _____
6. NO. OF UNITS: _____
7. CURRENT USE: _____
8. IMPACT FEES: _____
9. VALUE OF WORK: _____
10. TOTAL AREA (SQ/ FT): _____
11. OCCUPANCY LOAD: _____
12. AUTO SPRINKLER SYS: _____
13. EFFECTIVE FL BLDG CODE: _____
14. DESCRIPTION OF STRUCTURE TYPE OF WALLS & MAIN ROOF: _____
15. TYPE OF CONSTRUCTION **(please select only one & specify)**
 - a) Type I - ☐ A or ☐ B
 - b) Type II - ☐ A or ☐ B
 - c) Type III - ☐ A or ☐ B
 - d) Type IV
 - e) Type V - ☐ A or ☐ B
16. OCCUPANCY CLASSIFICATION **(please select only one & specify)**
 - a) Assembly: Groups A-1, A-2, A-3, A-4, A-5
 - b) Mercantile: Groups M
 - c) Business: Group B
 - d) Residential: Groups R-1, R-2, R-3, R-4
 - e) Factory and Industrial: Groups F-1 or F-2
 - f) Storage: Groups S-1, S-2
 - g) Educational: Group E
 - h) Utility & Miscellaneous: Group U
 - i) Institutional: Groups I-1, I-2, I-3
 - j) Day care: Group D
 - k) High Hazard: Groups H-1, H-2, H-3, H-4, H5

**NOTE: DO NOT LEAVE ANY BLANK SPACES AND SPECIFY,
 ALL ORIGINAL PERMIT CARDS MUST BE SUBMITTED WITH THIS PACKAGE.**



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

APPLICATION FOR FINAL INSPECTION & CERTIFICATE OF OCCUPANCY

BUILDING DEPARTMENT

Date: ____/____/____

Address of Job: _____ Permit No.: _____

Folio No.: _____ Lot: _____ Block: _____ Subdivision: _____

Note: SUBMIT COMPLETION SURVEY WITH THIS APPLICATION. If you have not taken out Social Security and Withholding Taxes for the Person's pay he is not and employee under FEDERAL LAW, and cannot be classed as DAY LABOR, and must be listed hereunder. This form is subject to inspection but the office of the Collector of Internal Revenue. All contractors and sub-contractors who have contracted work for the stipulated amount and have performed WORK ON THE JOB are as follows:

| | <u>Name</u> | <u>Address</u> | <u>Phone Number</u> |
|-----------------------|-------------|----------------|---------------------|
| 1. Air Conditioning | _____ | _____ | _____ |
| 2. Cabinets | _____ | _____ | _____ |
| 3. Carpentry | _____ | _____ | _____ |
| 4. Concrete Placement | _____ | _____ | _____ |
| 5. Electrical | _____ | _____ | _____ |
| 6. Elevator | _____ | _____ | _____ |
| 7. Flooring | _____ | _____ | _____ |
| 8. Garage Doors | _____ | _____ | _____ |
| 9. Glassing | _____ | _____ | _____ |
| 10. Heating | _____ | _____ | _____ |
| 11. Hoist | _____ | _____ | _____ |
| 12. Insulation | _____ | _____ | _____ |
| 13. Kitchen | _____ | _____ | _____ |
| 14. Equipment | _____ | _____ | _____ |
| 15. Land Cleaning | _____ | _____ | _____ |
| 16. Landscaping | _____ | _____ | _____ |
| 17. Concrete Block | _____ | _____ | _____ |
| 18. Metal: Air Ducts | _____ | _____ | _____ |
| 19. Painting | _____ | _____ | _____ |



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

Contractors and Sub-Contractors List Continues

| | <u>Name</u> | <u>Address</u> | <u>Phone Number</u> |
|----------------------|--------------------|-----------------------|----------------------------|
| 20. Paving | | | |
| 21. Piling | | | |
| 22. Plastering | | | |
| 23. Plumbing | | | |
| 24. Roofing | | | |
| 25. Scaffolding | | | |
| 26. Septic Tank | | | |
| 27. Signs | | | |
| 28. Soil Compaction | | | |
| 29. Solar System | | | |
| 30. Sprinklers: Fire | | | |
| 31. Sprinkler: Lawn | | | |
| 32. Steel Contractor | | | |
| 33. Surveyor | | | |
| 34. Swimming Pool | | | |
| 35. Acoustical Tile | | | |
| 36. Well Drilling | | | |
| 37. Windows: | | | |
| 38. Miscellaneous | | | |



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

To: Building Services Division
 c/o Building Official
 1515 NW 167th Street, Bldg # 4
 Miami Gardens, FL 33169

Date: ____/____/____

The undersigned hereby certify that the Building constructed under Building Permit Number: _____ has been completed in conformity with the Building Department of the City Miami Gardens under the above permit and that all changes (Revisions) in reference to this structure have been filed and accepted by the Building Review Section.

No temporary or final Certificate of Completion will be issued until this form is executed.

The owner certifies that the actual cost of construction is the same as that provided on the permit application. If not, the new cost is \$_____.

Print Owner's Name

Signature of Owner

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed _____ day of _____, 20_____.

☐ Personally Known To Me ☐ Or Procured Identification

Type of Identification: _____ Expiration Data: _____.

☐ Did Take Oath ☐ Did Not Take Oath

Signature of Notary Public

Seal:

Print Qualifier's Name

Signature of Qualifier

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed _____ day of _____, 20_____.

☐ Personally Known To Me ☐ Or Procured Identification

Type of Identification: _____ Expiration Data: _____.

☐ Did Take Oath ☐ Did Not Take Oath

Signature of Notary Public

Seal:



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

FIRE PENETRATION AFFIDAVIT

Date: ____/____/____

Reference: _____ Permit Number: _____
 Job Site Address: _____

I, _____, the qualifying agent for _____, C.C. Number _____, hereby certify that all penetrations through walls, ceilings, floors, and other barriers, resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatics, and penetrations from similar building service equipments installed in connection with the above permit has been protected by approved materials or devices meeting the acceptance criteria AMERICAN SOCIETY FOR TESTING MATERIALS E814 and have been installed by qualified persons in accordance with manufacturer's specifications and in compliance with Florida Building Code.

 Print Name and Title

 Signature

Witness:

 Print Name

 Signature

 Print Name

 Signature

Acknowledgement

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed _____ day of _____, 20_____.

☐ Personally Known To Me ☐ Or Procured Identification

Type of Identification: _____ Expiration Data: _____.

☐ Did Take Oath ☐ Did Not Take Oath

 Signature of Notary Public

Seal:

NOTE: TO BE GIVEN TO THE BUILDING INSPECTOR AT THE TIME OF THE FRAMING INSPECTION & ENGINEERING INSPECTOR AT THE TIME THE CERTIFICATE OF OCCUPANCY.



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
1515 N.W. 167th Street, Bldg. # 4, #200
Miami Gardens, Florida 33169
305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

ENGINEERING/ARCHITECTURAL APPROVAL

Date: ____/____/____

Firm: _____

Address: _____

To: City of Miami Gardens
Building Department, Bldg # 5
1515 NW 167th Street
Miami Gardens, FL 33169

To whom it may concern:

This office has inspected the job at _____ found it to have been built according to the approved plans and specifications as prepared by this office.

This building is structurally designed in accordance with good engineering and architectural practice and is in compliance in all respects with local building code requirements.

I, therefore, recommend that approval be granted and a FINAL CERTIFICATE OF OCCUPANCY be issued for the above subject premises.

Architect/Engineer Signature (Required)
<SEAL REQUIRED>



City of Miami Gardens
Building and Code Compliance Department
Building Services Division
 1515 N.W. 167th Street, Bldg. # 4, #200
 Miami Gardens, Florida 33169
 305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

CERTIFICATE OF OCCUPANCY CHECKLIST

Address: _____ **Folio No.:** _____

TCO / CO.: _____

C.O. Requirements

- _____ Final Accessibility Inspection
- _____ Final Electrical Inspection
- _____ Final Plumbing Inspection
- _____ Final Mechanical Inspection
- _____ Final Fire Inspection (Alarms & Sprinklers)
- _____ Final Building Inspection
- _____ Final Elevator
- _____ Final Engineering
- _____ Final Planning & Zoning
- _____ Final Concurrency (if you have a Zoning App)
- _____ Final Public Works
- _____ Fire Approval for CO
- _____ Chief's Final Approval Signature
- _____ Glazing Inspection (Threshold)
- _____ Concrete Test (50 CU-YD)
- _____ Final Elevation Certificate W/Pictures (2 copies)
- _____ Fire Penetration Affidavit
- _____ Soil Density Report
- _____ Insulation Certificate
- _____ Termite Treatment Certificate
- _____ Sub-Contractors List
- _____ Pile Log
- _____ Threshold/Special Inspector Log and Statement
- _____ Signed & Sealed Engineer/Architect Approval Letter
- _____ Flood proofing Certificate (2 copies)
- _____ Landscaping Architect Affidavit
- _____ Owner/Qualifier/Engineer Affidavit
- _____ Final Survey
- _____ Certificate's Fee
- _____ Water & Sewer Compliance Form 89-95
- _____ Original Permit Cards with Inspection History

T.C.O. Requirements

- _____ Partial Final Accessibility Inspection
- _____ Partial Final Electrical Inspection
- _____ Partial Final Plumbing Inspection
- _____ Partial Final Mechanical Inspection
- _____ Partial Final Fire Inspection (Alarms & Sprinklers)
- _____ Partial Building Inspection
- _____ Partial Final Elevator
- _____ Partial Final Engineering
- _____ Partial Final Planning & Zoning
- _____ Partial Final Concurrency (if you have a Zoning App)
- _____ Partial Public Works
- _____ Fire Approval for TCO
- _____ Chief's Approval Signature for TCO
- _____ Glazing Inspection (Threshold)
- _____ Concrete Test (50 CU-YD)
- _____ Elevation Certificate (2 copies)
- _____ Fire Penetration Affidavit
- _____ Soil Density Report
- _____ Insulation Certificate
- _____ Termite Treatment Certificate
- _____ Sub-Contractors List
- _____ Certificate's Fee
- _____ Water & Sewer Compliance Form 89-95
- _____ Original Permit Cards with Inspection History

NOTE: THE BUILDING DEPARTMENT HAS CREATED THIS CHECK LIST TO HELP THE APPLICANT SUBMIT THE DOCUMENTS NEEDED FOR A CO/TCO. ONLY SELECT WHAT IS APPLICABLE TO SCOPE OF WORK.

Federal Emergency Management Agency
National Flood Insurance Program

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Company NAIC Number

City

State

ZIP Code

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. _____ Long. _____

Horizontal Datum: ☐ NAD 1927 ☐ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number _____

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) _____ sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A8.b _____ sq in

d) Engineered flood openings? ☐ YES ☐ NO

A9. For a building with an attached garage, provide:

a) Square footage of attached garage _____ sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A9.b _____ sq in

d) Engineered flood openings? ☐ YES ☐ NO**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**B1. NFIP Community Name & Community Number
CITY OF MIAMI GARDENS # 120345B2. County Name
Miami-DadeB3. State
Florida

B4. Map/Panel Number

B5. Suffix

B6. FIRM Index
DateB7. FIRM Panel
Effective/Revised Date

B8. Flood Zone(s)

B9. Base Flood Elevation(s) (Zone AO,
use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9:

☐ NGVD 1929☐ NAVD 1988☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

☐ Yes☐ No

Designation Date _____

☐ CBRS ☐ OPA**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized _____ Vertical Datum _____

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) _____

☐ feet ☐ meters (Puerto Rico only)

b) Top of the next higher floor _____

☐ feet ☐ meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) _____

☐ feet ☐ meters (Puerto Rico only)

d) Attached garage (top of slab) _____

☐ feet ☐ meters (Puerto Rico only)e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment in Comments) _____☐ feet ☐ meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) _____

☐ feet ☐ meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) _____

☐ feet ☐ meters (Puerto Rico only)**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

☐ Check here if comments are provided on back of form.

Certifier's Name

License Number

Title

Company Name

Address

City

State

ZIP Code

Signature

Date

Telephone

PLACE
SEAL
HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

For Insurance Company Use:

Policy Number

City

State

ZIP Code

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Signature

Date

☐ Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address

City/State

ZIP Code

Signature

Date

Telephone

Comments

☐ Check here if attachments**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.G3. ☐ The following information (Items G4.-G9.) is provided for community floodplain management purposes.**G4. Permit Number****G5. Date Permit Issued****G6. Date Certificate Of Compliance/Occupancy Issued**G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building:

_____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site:

_____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design floor elevation:

_____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

☐ Check here if attachment

Building Photographs

See Instructions for Item A6.

| | | | |
|---|-------|----------|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | For Insurance Company Use: Policy Number |
| City | State | ZIP Code | Company NAIC Number |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; “Front View” and “Rear View”; and, if required, “Right Side View” and “Left Side View.” If submitting more photographs than will fit on this page, use the Continuation Page, following.

| | |
|---|---|
| <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PICTURE # 1</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> | <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PICTURE # 2</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> |
| <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PICTURE # 3</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> | <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PICTURE # 4</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> |

Building Photographs

Continuation Page

| | | | |
|---|-------|----------|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | | For Insurance Company Use: Policy Number |
| City | State | ZIP Code | Company NAIC Number |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; “Front View” and “Rear View”; and, if required, “Right Side View” and “Left Side View.” If submitting more photographs than will fit on this page, use the Continuation Page, following.

| | |
|---|---|
| <p style="text-align: center; font-weight: bold;">PICTURE # 1</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> | <p style="text-align: center; font-weight: bold;">PICTURE # 2</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> |
| <p style="text-align: center; font-weight: bold;">PICTURE # 3</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> | <p style="text-align: center; font-weight: bold;">PICTURE # 4</p> <p style="text-align: center; font-weight: bold;">DATE TAKEN</p> |